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## BIB DATA SHEET

CONFIRMATION NO. 8976

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/531,964	12/07/2005 RULE	435	1634	59802(49947)		
<b>APPLICANTS</b> David L. Keefe, Tampa, FL;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/32672 10/13/2003 /DBJ/* which claims benefit of 60/419,071 10/16/2002 Applicant requested correction; OIPE and claims benefit of 60/452,741 03/07/2003 requested to process. /DBJ/ (*)Data provided by applicant is not consistent with PTO records.						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/21/2008						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /DIANA B JOHANSEN/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 49	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> EDWARDS ANGELL PALMER & DODGE LLP P.O. BOX 55874 BOSTON, MA 02205 UNITED STATES						
<b>TITLE</b> Methods Of Assessing The Risk Of Reproductive Failure By Measuring Telomere Length						
<b>FILING FEE RECEIVED</b> 1590	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____			